

Synthesis of Public Comment

On October 19, 2005 the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services (the Committee) conducted its second scheduled meeting of the 2005 interim session. The meeting was held in Asheville to facilitate the participation of stakeholders living and working in the communities in the western portion of the state. A public comment period was included as part of the meeting and individuals representing consumer and family groups, individuals living with mental illness, Local Management Entities (LMEs), advocates and service providers spoke to the Committee about the current state of MH/DD/SAS in western North Carolina. The following is an overview of issues raised by these speakers:

Positive Observations

Reduced hospitalization in catchment area as a result of LME-managed crisis center.

CFACs providing a voice for consumers in the ongoing reform discussion.

Areas of Concern/Continued Need

Develop greater capacity to provide care at the local level (local hospitals and in home).

Discussion about the current and future viability of safety net providers.

Of particular concern to providers:

- Increased administrative burden due to new mandates, technical requirements.
- Delayed payment/reimbursement by LMEs to providers for services rendered:
 - Leads providers to refuse to treat non-Medicaid patients.
 - Forces some providers out of business.

Concern that LMEs currently operating efficiently will be penalized inappropriately by implementation of Statewide policies aimed at under-performing LMEs.

Desire for CFACs to be granted greater authority so that consumer and family concerns are addressed by LMEs and the Department of Health and Human Services.

Increasing frequency of provider/case manager turnover as a result of reform harming continuity of care, long-term relationships with patients.

Need for completion of Service Definitions by the Centers for Medicare & Medicaid Services (CMS).

Other points raised included: the desire for mental illness to be treated at the local hospital level as other illnesses are treated; concern over incarceration of those with mental illness; desire for increased flexibility in certain current program requirements to facilitate those with mental illness participating as working members of society; concern that savings are being achieved by eliminating services; desire for implementation of a grievance procedure; and appreciation for recent funding to repair aging facilities.